eyes from subjects of more immediate import. Galton himself prepared a list of such topics which we hope will not be ignored by the Foundation which carries his name.* One of these is called " Co-operation " and calls for " the influence of eugenic students in stimulating others." Is this what Professor Penrose would class, and stigmatize, as propaganda ?

* " Studies in National Eugenics," included in the symposium *Essays in Eugenics*, by Francis Galton, 1909.

SOCIAL PROBLEM FAMILIES IN THE LIMELIGHT

By C. P. BLACKER

THE social problem group, always of interest to eugenists, has been periodically exposed to the limelight of publicity.

Charles Booth's *Life and Labour of the People of London* (1889), The Royal Commission on the Poor Law (1909), the Royal Commission on the Care and Control of the Feeble-minded (1912), the Mental Deficiency Committee (1930), the Brock Committee (1934), all provided phases of illumination. But this is not the place to describe the effects of these reports. Two recent events have thrown new light on the subject. The first was the war-time evacuation of children; the second was the Beveridge Report—the midwife of twins whose comprehensive growth will transform the internal structure of our society. I refer to the new Health Services and to National Insurance.

" The effect of evacuation," says the author of an important report which has had a wide influence (11) " was to flood the dark places with light and to bring home to the national consciousness that the ' submerged tenth ' described by Charles Booth still exists in our towns like a hidden sore, poor, dirty, and crude in its habits, an intolerable and degrading burden to decent people forced by poverty to neighbour with it. Within this group are the ' problem families,' always on the edge of pauperism and crime, riddled with mental and physical defects, in and out of the Courts for child neglect, a menace to the community, of which the gravity is out of all proportion to their numbers. It is a serious matter that no study of this class of the population exists, and if this book serves only to focus attention upon the need for one, the authors will be well satisfied."

Comprehensive medical services and comprehensive National Insurance will necessarily draw further attention to this group. Indeed, investigations of the kind demanded by the author of the report just quoted are already in evidence. Five papers by medical officers of health have been published in the last two years (1) (3) (4) (8) (9); another investigation (12) promoted by Dr. Frederick Grundy, M.O.H. of Luton, and ably carried out by Mr. Charles G. Tomlinson, senior Administrative Officer of the Public Health Department of that town, has just been published; and the Council of the *Eugenics Society* has recently awarded a sixth Darwin

Research Fellowship to facilitate a further inquiry.

The object of this article is to summarize the recent investigations and to discuss some of the problems which may arise from them.

What, in the first place, do we mean when we talk about a " social problem group " or about " social problem families " ?

Definitions

Four tentative definitions have been advanced by the authors mentioned above. Mr. Tomlinson (12) designates the families in question as

> Those who, for their own well-being and the well-being of others require a substantially greater degree of supervision and help over longer periods than is usually provided by existing services.

Dr. C. O. Stallybrass (3), Deputy M.O.H., City and Port of Liverpool, tentatively defines them as

> Families presenting an abnormal amount of subnormal behaviour over prolonged periods with a marked tendency to backsliding.

Dr. S. W. Savage, County Medical Officer for Herefordshire, defines the " problem mother " in these terms :

> A " Problem Mother " is a woman who does not give her children at least the minimum of care, and refuses to co-operate with the health visitors and make effective use of the technical advice available to her.

Dr. R. C. Wofinden (8), Acting Deputy M.O.H. and V.D. Officer, Rotherham C.B., writes :

> It is difficult to define such families, but one is tempted to borrow from a description of feeble-mindedness and to call them those families " with social defectiveness of such a degree that they require care, supervision and control for their own well-being and the well-being of others " ; one might add " and the removal of children belonging to such families to a more satisfactory environment would be in their interest and the interest of the community.

This author gives a vivid description of a typical Social Problem Family on page 128. Another definition, never precisely formulated, but emerging from the experience of the Wood Committee (1929) might stress the fact that these families present *multiple social problems* to the various agencies concerned with education and with social services.

The Brock Report has the following statement :

> From some points of view it may be true that the economic residuum of the population must always constitute a social problem, but it is contended that, within this fraction, there is a smaller, perhaps a much smaller group, which constitutes a far more acute problem than the remainder.

Characteristics

The Brock Committee contended that, within the circle of problem families composing the " economic residuum of the population " (within the problem families viewed in a statistical perspective), there is to be found a small and refractory sub-group with special characteristics. This contention is supported by several of the writers above mentioned. Here are some of the features of the sub-group.

The parents are often of subnormal mentality, the father being a ne'er-do-well, the mother a conspicuously incompetent housewife. Distinguishable from the mental subnormality, which does not usually amount to mental deficiency in the legally defined sense, there is often present in either or both parents, but commonly in the mother, a temperamental instability which expresses itself in fecklessness, irresponsibility, improvidence and indiscipline in the home wherein chaos reigns. The same quality, if evinced by the father, may produce occupational instability or long-term unemployment, alcoholic intemperance, gambling habits, and recidivism (frequent relapse into petty crime), thus bringing the family into trouble outside the home. Illegitimacy, promiscuity, and, among the females, prostitution are common.

The combination of mental backwardness and temperamental instability, sometimes coupled with inebriety, results in the birth of numerous and unwanted children, as well as in high wastage rates (miscarriage and still-births). The same combination results in the parents being very difficult to re-educate. This characteristic of intractable

ineducability impressed itself on the Pacifist Service Units (5) who, during the recent war, set themselves the task of reclaiming such families in Liverpool, Manchester and Stepney. The records of these units, edited by Tom Stephens, contain the following remark:

> The number of families who have shown themselves capable, with the assistance provided for them, of rising far above their original low standard of life is not large. Of the families encountered by the Units, barely more than one-tenth have responded in this way (page 9).

Mental backwardness, temperamental instability, and ineducability are then conspicuous qualities in the small sub-group distinguished by the Brock Committee as constituting, within the "economic residuum of the population," a far more acute problem than the remainder.

A word about these three features. Mental subnormality alone is not enough to produce the typical picture. Most mentally subnormal (but not certifiably defective) persons are educable, though the educative process is laborious and pains have to be taken over it. Many such persons hold down simple jobs in field and factory; indeed, they often make reliable and stable workers. They may even lead harmonious married lives provided that they do not have many children.

Temperamentally unstable persons occur in all classes of society and are of every degree of intelligence. Many artists and not a few geniuses are temperamentally unstable. These persons present problems to their parents, to their wives or husbands and to their children, to whom they cause much stress and unhappiness. But they do not often fall into complete financial destitution. Their families come to the rescue in various ways. They become family rather than social problems. Many highly intelligent criminals have unstable characters. They may make a success of crime, and may end by organizing it on a large scale. They may form round themselves rings and gangs and, in troubled times, may acquire political power. Their capacity for evil is then great —far greater than that of the down-and-out and ne'er-do-well head of a problem family. The astute criminal who, perhaps in association with others like himself, systematically preys on society, is manifestly a more undesirable, because a more dangerous, person than the petty recidivist of low intelligence who is continuously chargeable. But he belongs to a different social category. The problem he presents calls for different methods of diagnosis and different remedies from the one now under consideration.

Plenty of socially undesirable individuals and associations of individuals are to be found outside the social problem group.

The ineducability of problem families is usually the result both of their mental subnormality and of their weak and vacillating characters; but in some families the dullness is the more conspicuous feature, while in others it is the fecklessness. The dullness is measurable by tests such as those applied by Dr. S. W. Savage (4). The temperamental defects are not subject to measurement; but they can be roughly assessed by the history of the individual and by his reactions to efforts to educate and reclaim him.

Every investigator of social problem families pleads for further systematized study. Some, Dr. A. E. Martin (10) and Mr. N. R. Tillett (6), for example, think that these families should be the concern of the Ministry of Health or the Ministry of Education. But how should they be investigated? We can learn much from the inquiries mentioned above.

Recorded Surveys

The starting-point in most cases was a specific group which in one way or another was causing difficulties. Dr. S. W. Savage, whose definition of the problem mother was quoted above, approached his group *via* the children, whose unsatisfactory condition was reported to him by school medical officers, health visitors, school nurses, and the N.S.P.C.C. Eighty-nine families were reported. "In all these cases," he writes, "the homes were visited and the mothers

were instructed by the health visitors. When the mothers persistently failed to take advantage of the teaching, and continued in their inefficient domestic practices, the family was recorded in the problem group." Where there was doubt, a special visit was made by the supervisor of the health visiting staff. Dr. Savage himself personally visited most of the families.

Dr. C. F. Brockington, M.O.H. of the West Riding of Yorkshire, used as the starting point of his inquiry children who, for various causes, had been removed from their homes or had become homeless (1). These he calls " unparented children." Of a total of 1,195 children from three parts of the country, some two-thirds were removed from their parents on the initiative of the local authorities or by order of the magistrates because of the unsuitability of their surroundings.

Dr. R. C. Wofinden has co-ordinated information about 243 families in Rotherham, the names being supplied to him by health visitors and school nurses during the years 1939-44 (8). These 243 families comprised 85 who were persistently verminous, 51 who were persistently scabietic, and 96 who were referred to the N.S.P.C.C. The figures, which are only an approximation, showed that the 243 families included 901 children.

Mr. N. R. Tillett's report on derelict families was based on the records of sanitary inspectors and health visitors, which were included in the Public Health Department's files (6).

Mr. C. G. Tomlinson says of his investigation (12): " Certain outstanding cases, including those which constituted a hard core of persistent and recurring lousiness, were already well known to the senior officers of the Public Health Department, and these formed the nucleus round which the basic data for the survey were accumulated." Health visitors, district midwives and sanitary inspectors were then asked to submit particulars of all families known to them which fell within a definition based upon that quoted below (p. 127) by Dr. Wofinden. At a later stage, school inquiry officers, the borough treasurer, the probation officer, the relieving officer, and the N.S.P.C.C. inspector were invited to submit lists of suspect problem families.

We may here consider earlier and more comprehensive inquiries. Dr. E. O. Lewis, the investigator of the Mental Deficiency (Wood) Committee, took as his starting point mentally defective persons, for the most part children. In the process of ascertaining the presence of these in his six sample areas, he made inquiries of such statutory and voluntary bodies as might be in a position to give information. He found that the names of the *same families* were supplied by more than one of the agencies, and was thus led to the conception of a group which presented multiple social problems.

Mr. E. J. Lidbetter* was concerned with families and persons who were in receipt of public assistance. The records he investigated were very complete and went back for more than a century. He was led into an ever-widening maze of interrelated families of high fertility which exhibited much insanity, mental defect, and hereditary physical disease as well as heavy wastage rates. Mr. Lidbetter's families were more than the isolated units consisting of parents and children which are described as " families " by most other investigators; they were broadly ramifying and ascending connections comprising many parent-child units. His is a unique genealogical study covering three or four generations.

A book I edited, published in 1937, contains papers by various authors on aspects of the social problem group. Each author approached the group from a special angle —mental retardation in children, mental disorder, epilepsy, inebriety, recidivism, prostitution, etc.†

Questions Raised

What questions are raised by these investigators? The first is quantitative. What are the dimensions of the problem group? How many problem families are

* *Heredity and the Social Problem Group*, Edward Arnold, 1933.

† *A Social Problem Group?* Oxford University Press, 1937.

there in a town, a county or other administrative unit? The Wood Committee tentatively suggested that they comprised as much as 10 per cent of the whole country's population. Many to-day regard this estimate as too large. As remarked above, the Brock Committee distinguished a sub-group within the group. Their views are borne out by several of the recent investigators. Dr. A. Querido, the Director of Mental Hygiene of the City Medical Service of Amsterdam, distinguishes three groups of problem families which he calls the conditional-social, the conditional-unsocial and the unconditional-unsocial (2). The first is easily reclaimed; the second founders without outside help; of the third he writes: "social assistance is powerless to prevent their deterioration." Dr. Savage excluded from his original list of families those who responded to the instructions of health visitors (4). And Mr. Tomlinson (12) removed from his first list of 251 problem families no less than 84, wherein the misfortunes which had plunged them into dependency were outside their control. Some of these families he classified as "social and biological casualties"; others displayed problems which were resolved in the course of the inquiry. After the subtraction of these and certain other categories, there remained 167 families whose predicaments were partly or even largely home-made.

Dr. A. E. Martin (9) discusses three groups of parents who neglect their children. The first group is characterized by ignorance, the second by wilful neglect, the third by mental defect in one or both parents. The third group is the most intractable: "it is a nightmare to all concerned." Dr. Martin's second group—that showing "wilful neglect"—is marked by what I have above called temperamental instability rather than by mental subnormality. The parents here comprised are in many cases "aware of the neglect, but are either too lazy to look after their children properly or, alternatively, allow their time, energy or money to be frittered away on outside interests—alcohol, gambling, excessive visits to entertainments, and immoral living."

Here then are four authorities who discern, within a large statistically conceived problem group, a smaller sub-group displaying what might be described as innately inferior qualities.

However satisfactory our definition of a social problem family, difficulties of interpretation will arise in the borderline case. The demarcations of the group, like the frontiers of neurosis and of mental deficiency, depend on where one draws the line. A small difference in standards may make a big difference to the numbers included in a category arbitrarily drawn within a continuous series.

Apart from difficulties of definition and interpretation, there are further uncertainties introduced by varying environmental factors. The extreme case is little affected by fluctuations of his surroundings. But there are many marginal cases where such changes have noteworthy effects.

A severe cycle of unemployment may blight the industries of an area, throwing many families into the extremities of want. Conversely, a favourable trade cycle or local development of industry may bring prosperity, lifting many families out of penury. A rapidly expanding and prosperous town with good social services will show different features from old-established cities like Liverpool or Glasgow which are pock-marked with age-old slums. London with its densely populated boroughs in the East End and elsewhere, containing relatively static populations, probably has unique features.

Rural populations again differ from urban. Life is more stable and less exacting in country districts. There are fewer distractions and temptations to unwise spending and immoral behaviour. There is probably more neighbourliness and goodwill. The idiot who is kindly treated in a village, where he may be accepted almost as an institution, would be lost in an urban or metropolitan slum.

These considerations make it difficult to answer what I have called the quantitative question—how large is the social problem group? But they do not make the question meaningless. The question continuously

obtrudes itself whenever a problem family impinges on the educational and social services.

A last comment on the quantitative problem. One can, I think, safely predict that the frontiers of the group will become more widely embracing in the measure that our educational and social services improve and our consciences become more discriminating. Such has been the development in the three comparable fields of mental disorder, mental defect and crime.

The frontiers of mental disorder are rapidly widening. A hundred years ago none but the grossest form of lunacy was a public concern; now local authorities may provide clinics for the treatment of neuroses and psychopathic personalities.

The frontiers of mental defect were formerly drawn by legal definitions of certifiable groups; now they include subnormal or retarded persons who are far from certifiable. Indeed, the Wood Committee proposed to bracket together in a single educational category feeble-minded and retarded children.

In our dealings with crime, we are no longer solely preoccupied with detecting and punishing the criminal. We now concern ourselves with the juvenile delinquent, whom, by means of the probation system, the Borstal Institutions and the approved schools, we do our best to reclaim. The demarcations of the social problem group may similarly widen as we progress in social enlightenment.

A word, parenthetically, about the high fertilities of these families, as to which misunderstanding can easily arise. *Their high fertility is the cause of many, perhaps of most, of their problems. Problem families are selected as such largely as a result of this feature.* Without the high fertility, many of the relevant predicaments would not arise. There can be no cruelty, neglect, lousiness, homelessness and mental defect of children if there are no children. On the day I write these lines I saw in a psychiatric clinic a woman of low mentality whose husband was a tramp. There were complications after her first pregnancy, and her womb was removed. Had she not been thus sterilized, she would almost certainly have had a sequence of unwanted pregnancies and her large family would have presented multiple social problems. As things are, she may well escape unfavourable notice. The fertility of social problem families is therefore not to be treated as on a par with the fertility of, say, miners, agricultural workers, or even the Registrar-General's Group V.

Agricultural workers, for example, become subjects of demographic study solely because they are agricultural workers. Their fertility has nothing to do with their becoming such subjects. Not so the social problem families. It is therefore hardly surprising, it is indeed almost inevitable from the design of the inquiry, that their fertility should be high.

Methods of Inquiry

From the quantitative problem I now turn to the connected question of method. Social problem families are well recognized by the authorities of our educational, medical and social services as well as by voluntary agencies. Such families are a thorn in the flesh of the M.O.H.; they are responsible for ugly blots in the copy-book which he is concerned to make neat and clean.

What can we learn from the recorded investigations above noted? Each was concerned with a special problem—Dr. Martin with child neglect, Dr. Savage with intelligence and infant mortality in problem families, Dr. Brockington with homelessness in children, Mr. Tomlinson with families in trouble of different kinds, Dr. E. O. Lewis with mental defectives, Mr. Lidbetter with families in receipt of relief. We may note in passing the preoccupation with *children's* problems. By these different approaches, the separate investigators were led into the same "waste land"—that inhabited by the problem families. But the methods used in the separate inquiries had a common feature. Statutory and voluntary bodies were approached and asked for a list of names of families which had caused trouble. The search might be for mental defect, for homelessness, for lousiness, for child neglect, for

infantile mortality, for cruelty. Whatever the search, much the same authorities were approached. Let us first consider the problems and then the authorities concerned with them.

List A : Social Problems

1. Families containing juvenile delinquents.
2. Families from which it has been necessary to remove children—i.e. families containing " unparented children" (1).
3. Families containing lousy, scabietic, dirty or neglected children (8).
4. Families wherein parents are known by the N.S.P.C.C. to have ill-treated their children.
5. Families with high miscarriage, stillbirth and infantile mortality rates (4).
6. Families which have been chronically dependent on public funds (" chronic dependency " could be defined).
7. Families which exhibit the features mentioned in the Wood Report as characterizing the social problem group—i.e. mental defect and retardation, mental disorder, epilepsy, inebriety, prostitution, unemployability, and crime or recidivism.

By a " family " is here meant either a married couple and their children or else a sibship and its dependants. Thus a father, mother and dependent children would constitute a family. So would a sibship of grown-up persons with dependent children.

In the first five of the above categories, the circumstances which bring the families into notice all relate to children. A list of families, based on these five categories, would therefore be very likely to contain families of high fertility. Childless families would be automatically excluded. But they would not be so excluded from the sixth and seventh categories.

Here is a list (which could easily be expanded) of some of the officers of statutory and voluntary bodies who might be asked to give particulars of families notorious to them in respect of any of the seven features or groups of features mentioned above :

List B : Authorities concerned with Social Problems

1. Medical Officers of Health and, if the posts are established, Medical Officers of Mental Health.
2. Head Teachers of Schools.
3. School Medical Officers.
4. School Nurses.
5. School Attendance Officers.
6. N.S.P.C.C. Inspectors and heads of other voluntary organizations, of which there may be many ; among them the Family Welfare Association, till lately the Charity Organization Society.
7. Health Visitors.
8. Sanitary Inspectors.
9. District Nurses and Midwives.
10. Public Assistance Officers.
11. Probation Officers.
12. Relieving Officers.
13. Chief Constables.
14. Borough Treasurers.
15. Directors and Social Workers of Child Guidance and Child Psychiatric clinics.
16. Directors and Social Workers of Psychiatric Clinics for adults.
17. Superintendents and Social Workers of Mental Hospitals and Certified Institutions.
18. Officials of Labour Exchanges.

Of the eighteen groups of persons above mentioned, the first six are specially concerned with children ; and so are several of the remaining twelve. The social problems with which most of these eighteen officers would be concerned are obvious. The borough treasurer, whose help was invoked by Mr. C. G. Tomlinson in Luton, was able to throw light on the indebtedness of some of the families. The chief constable and the probation officer could throw light on crime, recidivism, juvenile delinquency, inebriety and prostitution. Health visitors, sanitary inspectors and district nurses and midwives know what the homes are like from the inside, and are in a good position to make a general assessment of the tenants.

Having decided what are the family problems on which he wants information, and having settled what agencies he is going

to approach, the investigator can proceed in one or two ways. Firstly, he might build on a selected group as a starting point; or secondly he might conduct his inquiry on a broad front, without special preoccupation with a single group.

According to the first method, the investigator might compile a list of families exhibiting some specific problem (see List A), such as mental defect (E. O. Lewis), homelessness (C. F. Brockington), chargeability to public funds (E. J. Lidbetter), etc.

The first assemblage of names the investigator might call his "primary list." This list could then be circulated to as many of the authorities in List B as he felt inclined to consult, asking them to give brief particulars of any family mentioned in the list which had been brought to their notice, and further requesting that they should add to the list the names of any other families which were to them notorious. Several lists of families would result; the lists would be as numerous as the authorities in List B who had been consulted.

According to the second possible method of inquiry above mentioned, the investigator dispenses with what was above called a "primary list." He might designate some or all of the social problems mentioned in List A, and invite some or all of the persons mentioned in List B to give him the names of families which they connected with these problems. Again there would result a number of different lists.

Something can, I think, be said in favour of both methods of inquiry. The first, wherein a "primary list" is prepared and circulated, gives to the authorities in List B something to bite on, thus exciting their interest and enlisting early their co-operation in the inquiry. But at the same time, the "primary list" might provide an element of bias by drawing special attention to the families whose names are mentioned. The second method, wherein no "primary list" is prepared and the inquiry is carried forward on a broad front, may put a severe strain on busy people. The spontaneous preparation, without aids, of a long and difficult list may call for more time than could be readily spared, and co-operativeness might be lost.

But whichever method is followed, there will eventually result a number of lists. These should be analyzed with a view to determining the frequency with which the members of the *same families* occur on more than one list. This frequency will reflect the multiplicity of the social problems presented which could be shown on a consolidated list. The more numerous the mentions of a family, the more eligible would it become for recognition as a problem family. The investigator, when in possession of his consolidated and classified list, might think it worth while to call a conference of as many as possible of the persons consulted in List B, and to go through the consolidated list with them so that their various views could be compared. A penultimate list of families to be visited by a psychiatric social worker, health visitor or other competent investigator could thus be prepared by appropriate consultation. Some investigators might wish still further to prune this list as a result of later experience. Thus, Dr. Savage (4) included among his 89 problem families only those wherein "the mothers persistently failed to take advantage of the instruction and teaching of his health visitors"; and Mr. Tomlinson removed from his penultimate list 84 families among whom were included those who were deemed to be "biological and social casualties," those whose problems were resolved in the course of the inquiry, and those who, on being visited, were found to be outside the spirit of his definition. The final list would therefore comprise families which exhibited multiple social problems and whose home conditions, as seen by an investigator, conformed with such definitions as had been laid down as guiding the inquiry. The object of an assessment of the family by an investigator who visits the home is to separate the reclaimable from the irreclaimable families; the distinction is practically important because the two groups require quite different handling.

If different surveys—of whole counties, of industrial areas, of agricultural areas, of

urban areas—were undertaken and their findings compared, a general similarity of method should be attainable. Minor variations in standards of assessment could hardly be avoided; but in due course an estimate of the national dimensions of the social problem group should be possible.

In attempting to standardize a method of investigation, it would probably be wise to begin with a small administrative area with a population of under a hundred thousand. The thorough inquiry here possible should enable us to develop the right technique for use in large towns which provide the real setting of the social problem group.

Disposal

It is clear that ascertainment logically precedes disposal; nevertheless disposal is discussed in the recent articles above considered. Two main proposals only will here be mentioned.

Here is the first. Three writers propound closely similar suggestions as to the allocation of responsibilities for problem families. These responsibilities, they believe, should be vested in an accredited individual or authority. Many persons and agencies, remarks Dr. C. O. Stallybrass (3), take cognizance of problem families. "Should there not be," he asks, "some specific body entrusted with the duty of bringing first-aid [to these families], to whom this information can be brought?" Of a city of some 100,000 inhabitants with a very good health record, Mr. N. R. Tillett wrote in April 1945 (6):

> One new valuable approach to the problem has been made. . . . Some eighteen months ago the Council appointed a "Home Adviser" with the special task of visiting derelict and near-derelict households and endeavouring by advice and persuasion to rescue them.

Dr. A. E. Martin (9) writes:

> The first essential of any scheme is that there would be some person on the central staff of the Health Authority to whom all cases may be reported, who is available for advice, and who can devote a portion of his time to the administration and supervision of the scheme. . . . For convenience of description, this person will be termed "the administrative medical officer," and it will be shown how the whole scheme will revolve around him, and depend for its success upon the energy and enthusiasm with which he is able to inspire his colleagues and assistants.

These three suggestions, which contain the same essential idea, surely reflect common sense. The obvious way of dealing with any obtrusive social problem is to make some designated person responsible.

The second main proposal mentioned above is one advanced by Dr. A. Querido as a result of experience in Holland. This is a bold proposal. It amounts to no less than that we should be empowered to place whole families, as we do single individuals, under supervision and restraint. Dr. Querido says (2): "The idea of curing the family, as the individual mental patient is cured, seems to me the only solution." He proposes first that the obstinately refractory family should be placed in an *observation camp*—a place analogous to the observation ward.

> Here a psychiatric, medical and social investigation will take place, in order to obtain an accurate analysis and diagnosis. It will be decided whether the family will remain together or whether some members, especially the older children, will be educated elsewhere. During the observation, the family is isolated from social contact outside the camp.

After the necessary period of observation, during which a diagnosis (or rather an assessment) of the family's condition has been made, the family is transferred from a place with a diagnostic to one with a therapeutic orientation. This is the *education camp*. "These are small camps, richly differentiated, situated throughout the country and each providing for about fifteen families." Contact with the outside world is here encouraged. The children go to the local schools; work is provided in farm, factory and development scheme; furniture and utensils are provided. In short, the family undergoes a supervised course of social rehabilitation which has some of the features of a system of probation. If the family responds appropriately, it is returned to its native town or village, where it still remains under supervision for a time. If all goes well, the supervision is abrogated by

the judge. Dr. Querido's article ends with these words:

> The course proposed involves a serious infringement of personal liberty and offers possibilities of abuse. On the other hand, the problem family offers serious dangers, is an infectional focus to society and presents an intolerable state of human indignity, so that strong measures are justified.

Dr. Wofinden's definition, quoted above, of a social problem family was borrowed from the legal definition of feeble-mindedness. Here is the germ of the idea, carried to its logical conclusion by Dr. Querido, of applying to "sociopathic" families the system of probation and perhaps of restraint which we are by law entitled to apply to psychopathic and psychotic individuals. The idea is one which the social therapist may find worth while to bear in mind.

Eugenic Considerations

It will have been noted that, in the above discussion, stress has been laid upon the tribulations of children. Children are the special concern of eugenists, for they are the only visible embodiments of posterity. In the *Society's* statement of Aims and Objects, and in the Memorandum of evidence it submitted to the Royal Commission on Population, reasons were given for thinking that eugenically valuable qualities were especially to be found among parents who produced, by intention and design, numerous children and provided for them happy and healthy homes.

But this picture has a converse. What about parents who, through fecklessness and stupidity, misbeget a sequence of unwanted children who are then so ill-treated or neglected that they have to be removed from their parents' homes? Are not such parents the best available examples of the eugenically undesirable type?

We estimate the eugenic value of parents indirectly by the way they discharge their responsibilities as parents; and we assess it directly by the qualities of their children. The indirect assessment can be made earlier in the lifetime of the parent than the direct; for a happy and healthy home can be distinguished from a brutal and squalid home however young the children; while the qualities of the children cannot be adequately assessed at the earliest till they have reached school age.

The approach to the problem family *via* its children is therefore one which should commend itself to us on eugenic grounds. That it also commends itself on humanitarian grounds bears out the principle, so often stressed by Galton, that eugenics substitutes for the intrinsic ruthlessness and cruelty of nature the quality of foresight, the ideal of co-operativeness and the spirit of compassion which he regarded as among the prerogatives of man.

I am indebted to Mr. D. Caradog Jones, to Dr. E. O. Lewis, to Professor A. J. Lewis, and to Dr. D. V. Glass, for helpful criticisms of an early draft of this article.

Recent Papers on the Social Problem Group (*Since* 1943)

I give the following publications in the order of their recency, number 12, the most recent, being out of order. An impression is received that the subject is exciting a widening interest. The month given is that of publication.

1. June 1946. "Homelessness in Children," by C. F. Brockington, M.D. Camb., D.P.H., Barrister-at-Law, M.O.H. West Riding of Yorkshire.—*Lancet.*

2. May 1946. "The Problem Family in the Netherlands," by Dr. A. Querido, Director, Department of Mental Hygiene, City Medical Services, Amsterdam.—*The Medical Officer.*

3. March 1946. "Problem Families," by C. O. Stallybrass, M.D., D.P.H., Deputy M.O.H., City and Port of Liverpool.—*The Medical Officer.*

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10. Undated 1944. "The Care of Neglected Children." Special Report by the Assistant School Medical Officer. Leaflet by A. E. Martin, M.D., D.P.H.

11. 1943. "Our Towns: A Close-up." Women's Group on Public Welfare (in association with the National Council for Social Service).—*Oxford University Press*. Booklet.

12. The paper just published (Oct. 1946) of Mr. Charles G. Tomlinson, B.A. (Admin.), Senior Administrative Officer, Public Health Department, Luton, is entitled: "Families in Trouble: An Inquiry into Problem Families in Luton."

PROBLEM FAMILIES*

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THE tremendous upheaval in family life during the recent war and the newly awakened interest in social medicine has served to focus attention once again on a section of the population originally described by Charles Booth as the "submerged tenth." Within this section are the problem families. These families for one reason or another have not kept pace with social progress and are a brake on the wheels. They are the despair of health departments, education authorities, N.S.P.C.C. inspectors, and, until recently, of anyone who attempted to improve their lot in life. They masquerade under a variety of names —problem families, social problem families, derelict families, handicapped families and unsatisfactory households.

Definition

In spite of the multiplicity of names no accepted definition of such families has yet been produced. In 1944 I defined them as "families with social defectiveness of such a degree that they require care, supervision and control for their own well-being and for the well-being of others." Dr. Burn, Medical Officer of Health of Salford, has suggested as a working definition "families where the standards of home life are so gravely defective as to damage the normal development of children"; and Dr. Stallybrass, Deputy Medical Officer of Health of Liverpool, has suggested "families presenting an abnormal amount of subnormal behaviour over prolonged periods with a marked tendency to backsliding." All these definitions suffer from a certain vagueness which, from the point of view of comparative study, is a distinct handicap. The Pacifist Service Units have also pointed out the disadvantages arising from the lack of a suitable definition, and the families of their study have been selected merely by the fact of their being referred for assistance.

But does it really matter that a definition,

* An address delivered at a conference on "Problem Families," held at Manchester on June 22nd, 1946.